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ABSTRACT

A survey was conducted to determine how nurse educators in the South are addressing the mandate to enhance registered nurses' ability to meet the challenges of cultural diversity in health care delivery. A 20-item questionnaire was sent to deans/directors of nursing education at 192 institutions for distribution to 10 nurse educators at each institution. Completed questionnaires were received from 561 faculty members at 135 institutions in 15 states (response rate, 29%). The following were among the key findings: (1) cultural content is integrated throughout the curriculum at most institutions; (2) of the 13 cultural concepts listed on the questionnaire, culture, cultural beliefs, cultural values, ethnicity, and stereotypes received the highest ratings; (3) respondents named 21 nursing-specific and culture-specific models providing the theoretical bases for organizing cultural content in the nursing curriculum; (4) direct care to patients and class lectures and discussion were the two strategies used most frequently to incorporate cultural content into nursing students' learning experiences; (5) the responses regarding the nursing programs' cultural environments provided evidence of community building in all facets of the nursing education program; and (6) few programs had external funding to develop or revise the curriculum. (A glossary and 19 tables are included.) (MN)

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Preparing Graduates to Meet the Needs of Diverse Populations

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COUNCIL ON COLLEGIATE EDUCATION FOR NURSING

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Preparing Graduates to Meet the Needs of Diverse Populations

Recent national mandates require health professions education to take innovative approaches to ensure that health practitioners will be culturally sensitive in the 21st century. For example, the Pew Health Professions Commission (1995) stated that "cultural sensitivity must be a part of the educational experiences that touches the life of every student." The Institute of Medicine includes "an understanding of the cultural, nutritional and belief systems of patients and communities" in its definition of "optimal primary care." The National Advisory Council on Nursing Education and Practice (Division of Nursing, U.S. Department of Health and Human Services) has a policy that federal government resources be used to "enhance the ability of the registered nurse work force to meet the challenges of cultural diversity in delivery of health care." In 1997, an ad hoc committee of the SREB Council on Collegiate Education for Nursing conducted a survey to find out how nurse educators in the South are addressing these mandates.

Method

Cennette Jackson, Ed.D. (Georgia State University), developed the questionnaire for a regional survey about curricular strategies and infrastructures to prepare culturally sensitive nurses. The 20-item questionnaire asked nurse educators to describe how they included cultural content in the nursing curriculum, their perceptions of the cultural makeup of the nursing program, and faculty involvement with other cultures outside the academic setting. The deans or directors of nursing education at 192 institutions received 10 forms to distribute among the nurse educators. The response rate was 29 percent. Staff received and coded forms from 561 faculty members who represented 135 institutions in the 15 SREB states (Delaware became the 16th SREB state in 1998) and the District of Columbia (Table 1). Jackson and Ora L. Strickland, Ph.D., FAAN (Emory University), helped to analyze the data. Strickland also analyzed the philosophy and mission statements that were attached to 73 returns.

Findings

Highlights of the analysis:

- Most respondents said that cultural content is integrated throughout the curriculum (Table 2).
- Thirteen cultural concepts appeared on the questionnaire; of these, the top five were culture, cultural beliefs, cultural values, ethnicity and stereotypes (Table 3).
- The respondents reported various approaches — including "no particular framework at this time" and "eclectic framework" — to selecting, organizing and teaching cultural content. Collectively, they named 21 models — nursing-specific and culture-specific — that provide the theoretical bases for the organization of cultural content in the nursing curriculum (Table 4). Yet, some comments suggest that the content is determined by the course: For example, cultural content may be concentrated in a few specific courses, may be taught regarding a specific subject (such as childbearing) or may be covered in the basic nursing textbook.
- Direct care to patients and class lectures and discussion were the two strategies used most frequently to incorporate cultural content into the learning experiences for students (Table 5).
- The mean ratings reflect strong agreement that "cultural content should be integrated throughout the curriculum" and should be a "thread that ties the curriculum together." Respondents showed strong support for the suggestion that "separate courses should be available for interested students" (Table 6).
- While sociology and psychology courses were required prerequisites for nursing, less than 20 percent of the respondents reported anthropology or cultural anthropology as prerequisites (Table 7).
- The responses regarding the cultural environment of the nursing programs provided evidence of community-building in all facets of the program, including marketing and recruiting efforts and relations among faculty, students and staff (Table 8). While nearly half of the respondents believed the nursing programs were "somewhat proactive" at promoting diversity, less than 25 percent described their programs as "proactive," celebrating diversity.
- Few programs had external funding to develop or revise the curriculum (Table 9).
- Students participate with faculty in research related to diverse ethnic groups. These activities include community assessments, cultural assessments, dissertations and special projects. Topics covered include teenage pregnancy, hypertension, racial disparity in transplant results, nutrition and food preferences.
- After reviewing the 73 philosophy statements submitted by programs, Strickland identified six general topics: beliefs about society, humanity, health/health care, nursing, the learner and the learning process in nursing education. Strickland specified three hierarchical categories for each theme. Each program could receive a rating from 1 to 3 on each of the six themes. While a rating of 1 represented a low focus on cultural concepts, a rating of 3 showed a high rating on cultur-

al concepts related to a specific theme. Strickland calculated a total score, ranging from 6 to 18, for each program. Generally, most programs included references to culture or cultural diversity in their philosophy statements (Table 10).

The demographic characteristics of the respondents reflect the diversity of the faculty who are charged with increasing students' awareness of their cultural backgrounds and those of people served.

- Of the 561 nurse educators, 203 faculty taught in associate's degree programs and 357 at the baccalaureate and higher levels (Table 11). One nurse educator did not identify the program type.
- Most respondents were employed full time in state-supported institutions (Tables 12 and 13).
- Most respondents had been employed for six to 15 years (Table 14).
- Most respondents were non-Hispanic white (Table 15).
- Most were assistant professors and held master's degrees (Tables 16 and 17).
- Few respondents completed graduate education in anthropology, ethnic and cultural studies, transcultural nursing or women's studies (Table 18).
- The respondents participate in community activities with populations of a different culture (Table 19). They used a broad definition of culture in specifying some of the activities with specific ethnic or cultural groups (American Indian, African-American, Asian, Hispanic) and other groups (Catholic, Jewish, female, gay, lesbian, migrant, rural, urban, Appalachian, poor, homeless, battered, deaf, elderly).
- Few respondents are members of regional, national or international organizations that focus on cultural concepts and practices (Table 19). The 52 respondents said they participated in the following organizations: the American Public Health Association, American Anthropological Association, International Congress on Women's Issues, Transcultural Nursing Society, National Association of Hispanic Nurses, National Association of Black Nurses, National Association of Catholic Nurses, National Association of African American and Latino Studies, Filipino Nurses Association, Haitian American Nurses Association, Chi Eta Phi Nursing Sorority, Kentucky African Americans Against Cancer, Operation Smile, Atlanta Lesbian Cancer Initiative, Council of Nurse Anthropologists, Royal Anthropology Society, and International Society of University Nurses.

Conclusions

A nursing education program's curriculum is based on its philosophy and mission, which communicate the program's values, how it operates, and its personality to the public. The content analysis of 73 nursing philosophies shows that most nursing programs respect the influence of culture or cultural diversity in health care and humanity. Several included direct comments about cultural influences in health and nursing. Overall, the reported cultural environment of the learning environments is somewhat proactive (i.e., celebratory of cultural diversity).

The frantic search for "cultural competence" appears at all levels of society. However, because nurses deal directly with patients, it is essential that they respond appropriately in various cultural contexts. What is "cultural competence"? The American Academy of Nursing (1995) defines it as "a complex integration of knowledge, attitudes and skills that enhances cross-cultural communication and appropriate/effective interactions with others." This definition includes three important perspectives: knowledge, awareness and understanding. One needs to know how culture affects beliefs and behavior. Equally important is an awareness of one's own cultural attributes and biases and how these affect others. Finally, one needs to understand how the socio-political, environmental and economic contexts affect specific situations. In preparing students for work with a diverse population, nurse educators should emphasize cultural respect. This process requires that faculty and students continuously examine and critique themselves, their attitudes and their performance as practitioners. Nurses who know about cultural differences but lack awareness and understanding will be ineffective in communicating with people of different cultural backgrounds. Leaders in nursing education must work to ensure that faculty and students will be aware, will understand and will apply knowledge appropriately.

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Glossary

Acculturation: The process by which different cultural groups change in the context of continuous close contact with each other.

Assimilation: The process by which different cultural groups come to have a common culture; a fusion of cultural heritages.

Cultural Competence: A complex integration of knowledge, attitudes and skills that enhances cross-cultural communication and appropriate interactions with others.

Cultural Diversity: The coexistence of several or many ethnic/subcultural groups in a geographical locality or organization.

Culture: A group's way of life and belief system that are learned, shared and historically transmitted to children or adoptive members.

Ethnic Group: A synonym for "subcultural group," as used in anthropology. The group is a socially, culturally and politically constructed collectivity of individuals who hold in common a set of characteristics not shared by others with whom they come in contact.

Ethnocentrism: A belief in the superiority of one's culture, cultural practices or lifestyle and the conviction that they are natural, normal and necessary.

Multiculturalism: An attitude or national doctrine that officially acknowledges and promotes the existence of cultural diversity as an integral and necessary component of society.

Racism: A doctrine that unjustifiably asserts the superiority of one group over another on the basis of such arbitrary characteristics as appearance, intelligence or temperament.

Respect: An attitude toward others that is grounded theoretically in an acceptance of shared participation in a common moral community or, at least, a common humanity.

Transcultural: A practice or domain that appears in all cultural groups and thus transcends distinct groups — for example, child-rearing or incest.

Tables

Table 1

Geographic Distribution of Returns

State	Respondents		Institutions	
	N	%	N	%
Alabama	65	11.6	14	10.4
Arkansas	28	5	5	3.7
District of Columbia	7	1.2	3	2.2
Delaware *	*		*	
Florida	57	10.2	14	10.4
Georgia	84	15	16	11.9
Kentucky	40	7.1	8	5.9
Louisiana	49	8.7	9	6.7
Maryland	6	1.1	2	1.5
Mississippi	40	7.1	10	7.4
North Carolina	46	8.2	11	8.1
South Carolina	14	2.5	4	3
Tennessee	53	9.4	17	12.6
Texas	46	8.2	13	9.6
Virginia	20	3.6	6	4.4
West Virginia	6	1.1	3	2.2
Total	**561**	**100**	**135**	**100**

* Delaware did not become an SREB state until July 1998.

Table 2

Cultural Diversity Courses

Does the program offer a required course on cultural diversity or is content integrated throughout the curriculum?

	N	%
Required course	48	8.8
Integrated	471	86.6
Neither required nor integrated	25	4.6
Total *	**544**	**100**

* No response: 17

Table 3

Cultural Concepts in the Nursing Curriculum

Identify the cultural concepts included in the nursing curriculum.

	N	%
Culture	523	93.2
Cultural values	505	90.0
Cultural beliefs	499	88.9
Ethnicity	476	84.8
Stereotypes	468	83.4
Culture shock	416	74.2
Ethnocentrism	389	69.3
Cultural relativity	388	69.2
Cultural change	326	58.1
Worldview	326	58.1
Acculturation	323	57.6
Ethnoculturation	290	51.7
Culture-bound	251	44.7

Note: Some respondents checked more than one concept.

Table 4

Conceptual Models for Cultural Content in the Curriculum

Reported Models	N
Chater Model	1
Dever's Integrated Nursing Model	1
Campinha-Bacotes Culturally Competent Model of Care	4
Erikson's Eight Stages	13
Giger and Davidhizer's Transcultural Model	19
Gordon's Model	2
Health Belief Model	1
Kleinman's Model	2
Kramer's Culture Shock	1
Leininger's Sunrise Model	37
Maslow's Hierarchy of Needs	19
Neuman's Systems Model	13
Orem's Self-care Model	7
Purnell's Model of Cultural Competence	2
Rogerian Framework	1
Roy's Adaptation Model	7
Selye's Stress/Adaptation	6
Spector's Model of Heritage Consistency	2
Systems in Change Model	4
Systems Theory	6
Watson's Caring Model	7
	155

Table 5

Commonly Used Teaching Strategies

Rate the extent that you believe the faculty use the following strategies to incorporate cultural content and concepts into your program.

	N	Mean *
Students complete cultural assessments.	512	2.62
Students collaborate with classmates for comparative cultural analysis.	499	1.93
Students are required to read selected textbooks and periodicals.	531	3.16
Students participate in class lectures and discussions.	548	3.63
Students provide care for culturally different clients.	552	3.66
Students study abroad.	521	1.59
Students are immersed in a culturally diverse community.	534	2.78

* Rating scale: 4 = commonly used; 1 = not used at all

Table 6

Perceptions of Cultural Content in Nursing

Circle a number to rate your perceptions of (or program policies regarding) cultural content in the nursing curriculum.

	N	Mean *
Separate courses should be required.	545	2.29
Separate courses should be available to interested students.	547	3.37
Cultural content should be a thread that ties the curriculum together.	555	3.48
Cultural content should be integrated throughout the curriculum.	555	3.80
The inclusion of cultural content in the curriculum can reinforce stereotypes and create polarization.	553	1.48
Emphasis on cultural diversity is incongruent with our view of equality for all.	545	1.45
The content on cultural diversity is not standardized and quantified and cannot be evaluated effectively.	535	2.04
The curriculum is too full to add content on cultural diversity.	548	1.67
The teaching environment is tolerant of students who elect to disclose their sexual preference/orientation.	544	2.90
The institutional environment is tolerant of faculty who elect to disclose their sexual preference/orientation.	540	2.75
School policies and procedures reflect faculty cultural values and beliefs.	554	3.03
Students value the cultural course(s) and content.	539	2.96

* Rating scale: 4 = commonly used; 1 = not used at all

Table 7

Prerequisite or Co-requisite Courses for Nursing Majors

Which of the following courses are required or recommended?

	N	%
Required		
Anthropology	50	8.9
Cultural anthropology	26	4.6
Philosophy	125	22.3
Psychology	481	85.7
Religion	78	13.9
Sociology	384	68.4
Recommended		
Anthropology	102	18.2
Cultural anthropology	97	17.3
Philosophy	106	18.9
Psychology	61	10.9
Religion	79	14.1
Sociology	95	16.9

Table 8

Cultural Environment of the Nursing Program

Rate the cultural environment of your program (i.e., evidence of building community within the program, faculty, student and staff relations, marketing and recruitment efforts).

	N	%
Closed	11	2
Rarely reactive	111	19.8
Somewhat proactive	257	45.8
Proactive, celebrates diversity	131	23.4
Did not reply	51	9.1
Total	561	100

Table 9

External Funding for Curriculum Revisions

Has your program received external funding for the development or revision of the curriculum's cultural content within the last five years?

	N	%
Yes	13	2.3
No	516	92
Did not reply	32	5.7
Total	561	100

Table 10

Cultural Topics in 73 Philosophy Statements

Topics	N	%
Society		
No reference to culture	32	43.8
Reference: diversity (not to culture)	3	4.1
Reference: culture or cultural diversity	38	52.1
Humanity		
No reference to culture	32	43.8
Reference: socio-cultural or cultural processes in human beings	2	2.7
Reference: human beings as influenced by culture	39	53.4
Health and health care		
No reference to culture	25	34.2
No cultural reference – notes influence of external environment	21	28.8
Reference: influence of culture on health or health care	27	37
Nursing		
No reference to culture	35	47.9
Reference: role of environment	9	12.3
Reference: culture or cultural diversity	29	39.7
Learner		
No reference to culture related to the learner	47	64.4
Reference: important characteristic of learner	6	8.2
Reference: important in learning environment	20	27.4
Learning process		
No reference to culture in learning process	38	52.1
Reference: important learning concept in nursing	7	9.6
Reference: preparing students to care for clients of diverse backgrounds	28	38.4

Table 11

Type of Nursing Education Program

Program	N	%
Associate's degree	203	36.3
Baccalaureate and higher degree	357	63.8
Total *	560	100

* No identification of program type: 1

Table 12

Employment Status of Respondents

Check your employment status.	N	%
Full time	547	98.2
Part time	10	1.8
Total *	557	100

* No response: 4

Table 13

Institution's Type of Financial Support

Type	N	%
State	430	78.3
Private	119	21.7
Total *	549	100

* No response: 12

Table 14

Length of Employment

Give the length of employment at this institution.

	N	%
Years		
0 to 5	204	37
6 to 10	147	26.7
11 to 15	67	12.2
16 to 20	50	9.1
20+	83	15.1
Total *	**551**	**100**

* No response: 10

Table 15

Ethnic Background

Check your ethnic background.	N	%
African-American	58	10.5
American Indian/Alaskan Native	4	**
Asian/Pacific Islander	8	1.4
Hispanic	8	1.4
White (non-Hispanic)	471	85.2
Other	4	**
Total *	**553**	**100**

* No response: 8

** Less than 1 percent

Table 16

Academic Rank

Check your academic rank.	N	%
Professor	87	15.8
Associate professor	164	29.7
Assistant professor	185	33.5
Instructor	114	20.7
Other	2	**
Total *	552	100

* No response: 9

** Less than 1 percent

Table 17

Academic Credentials

What is your highest earned credential?	N	%
Associate's degree	6	1.1
Bachelor's	14	2.6
Master's	256	46.6
Doctorate	198	36.1
Other	75	13.7
Total *	549	100

* No response: 12

Table 18

Focus of Graduate Study

Did you complete graduate education in any of the following?	N	%
Anthropology	36	6.4
Ethnocultural studies	12	2.1
International studies	18	3.2
Psychology	88	15.7
Sociology	50	8.9
Transcultural nursing	35	6.2
Women's studies	35	6.2

* "Yes" responses

Table 19

Other Cultural Activities

Questions	N *	Mean
Are you engaged in transcultural research?	51	9.1
Are nursing students participating in research related to diverse ethnic groups?	115	20.5
Have you attended workshops or meetings focused on cultural diversity within the last two years?	300	53.5
Are you involved in community activities with populations of a different culture?	401	71.5
Are you a member of a national, regional or international organization with a primary focus on cultural concepts and practices?	52	9.3

* "Yes" responses

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